

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>		<i>4/6/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>DM</i>	<i>72223</i>	<i>6-25-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-13-03
2	✓	✓	1-13-03
3	✓	✓	1-13-03
4	✓	✓	1-13-03
5	✓	✓	1-13-03
6	✓	✓	1-13-03
7	✓	✓	1-13-03
8	✓	✓	1-13-03
9	✓	✓	1-13-03
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If more than 150 claims or 10 actions  
staple additional sheet here

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